# Access to Care for Transgender Veterans in the Veterans Health Administration: 2006–2013

Michael R. Kauth, PhD, Jillian C. Shipherd, PhD, Jan Lindsay, PhD, John R. Blosnich, PhD, George R. Brown, MD, and Kenneth T. Jones, PhD

A 2011 Veterans Health Administration directive mandated medically necessary care for transgender veterans. Internal education efforts informed staff of the directive and promoted greater access to care. For fiscal years 2006 through 2013, we identified 2662 unique individuals with *International Classification of Diseases, Ninth Revision* diagnoses related to transgender status in Veterans Health Administration medical records, with 40% of new cases in the 2 years following the directive. A bottom-up push for services by veterans and top-down education likely worked synergistically to speed implementation of the new policy and increase access to care. (*Am J Public Health.* 2014;104:S532–S534. doi:10.2105/AJPH.2014.302086)

Approximately 700 000 people in the United States identify as transgender—individuals whose sex assigned at birth is not congruent with their gender identity.[1] Transgender individuals may experience symptoms of gender dysphoria and are at increased risk for depression, suicidal behavior, binge drinking, substance abuse, interpersonal violence, and cardiovascular disease.[2–4] In addition, fears of rejection and discrimination by health care providers may deter them from seeking treatment.[5,6]

Starting in late 2007, the US Department of Veterans Affairs (VA) facilities enacted a range of policies regarding transgender care. Thus, in June 2011, the Veterans Health Administration (VHA) issued a national directive to standardize treatment services for transgender veterans.[7] The directive explained that transgender veterans deserve respect and dignity and outlined treatment services available, including hormonal therapy, mental health care, preoperative evaluations, and medically necessary postoperative and long-term care following sex reassignment surgery, although not the surgery itself. The VHA provided education about the directive for clinicians and staff, including communication to local leadership, national presentations by subject matter experts, outreach materials for clinics, and an internal resource Web site. Simultaneously, the VHA Office of Health Equity promoted policies and initiatives to make VA more welcoming for lesbian, gay, bisexual, and transgender veterans.[8]

Although transgender status is not directly accessible through VHA administrative databases, Blosnich et al.[9] identified 3177 unique veterans with *International Classification of Diseases, Ninth Revision* (*ICD-9*)[10] diagnosis codes for gender identity disorder (GID). Clinical encounters in the VA are coded by *ICD-9* codes, which differ from relevant *Diagnostic and Statistical Manual of Mental Disorders* diagnoses. Between fiscal years (FYs) 2000 and 2011, they found an annual average incidence rate of 246 persons with GID, culminating in a GID prevalence in VHA that was greater than estimates for the general population. These findings corroborated earlier reports of overrepresentation of veteran status in transgender communities.[11–13] However, other *ICD-9* codes that may be assigned to transgender individuals (e.g., 302.5: transsexualism) were not included, likely underestimating diagnosis-defined transgender veterans. Moreover, their search ended in FY 2011, which left unanswered whether diagnoses increased following the VHA directive. We examined the incidence of transgender veterans (1) with an expanded set of *ICD-9* diagnoses and (2) before and after the issuance of the directive.

## METHODS

Data are from VHA Medical Statistical Analysis System files for all encounters from FY 2006 through 2013. We counted patients with any 1 of 3 diagnoses (302.85: gender identity disorder in adolescent or adult; 302.6: gender identity disorder not otherwise specified; 302.5: transsexualism) once, irrespective of how many diagnoses were listed per veteran. We defined incident cases by the FY of the index diagnosis, with FY 2006 as the baseline. For each FY, we divided the total incident cases by the total unique VHA patient population. We subtracted previous FY incident cases and any deaths from each subsequent FY to ensure a conservative denominator. We multiplied each FY result by 100 000 for crude incidence.

## RESULTS

Across FY 2006 to 2013, we identified 2662 transgender veterans (Table 1), with incidence increasing since FY 2008 (Figure 1). In the 2 years following the 2011 VHA Directive, we identified 985 new cases. Thus, nearly 40% of all new diagnoses across the 8-year period occurred in the 2 years following the directive. In FY 2013, 32.9 per 100 000 VHA users had a transgender-related diagnosis.

## DISCUSSION

Our results are not directly comparable to Blosnich et al.[9] because we employed a different timeframe and broader definition of transgender status. However, we also found evidence of increasing incidence and prevalence of transgender veterans identified in VHA records, a prerequisite for accessing some treatments. For example, initiating cross-sex hormone therapy requires a GID diagnosis. Before the directive, there was little advantage for a veteran to have a GID diagnosis because few VHA providers prescribed cross-sex hormones, and having a diagnosis could subject the individual to stigma.[14] Indeed, some VHA providers interpreted the 1991 ban on "transsexual surgery" or "any process or procedure involving genital identity revision"[15] to mean no transgender-specific services could be provided.[16]

The continued increase in diagnoses following the directive suggests that awareness and clinical education efforts led to more transgender veterans accessing services. Transgender veterans are potentially more likely to be diagnosed and better able to access transgender-related care in VHA.

**TABLE 1—Prevalence and Incidence of Transgender-Related Diagnoses in the Veterans Health Administration: United States, Fiscal Years 2006–2013**

| Fiscal Year | New Transgender Diagnoses | Deaths | Total Transgender Diagnoses | VHA Population | Incidence[a] (95% CI) | Prevalence[a] (95% CI) |
|---|---|---|---|---|---|---|
| 2006 | 226 | 3 | 226 | 6 438 734 | 3.5 (0.0, 7.2) | 3.5 (0.0, 7.2) |
| 2007 | 223 | 4 | 446 | 6 574 157 | 3.4 (0.0, 7.0) | 6.8 (1.7, 11.9) |
| 2008 | 231 | 9 | 673 | 6 846 503 | 3.4 (0.0, 7.0) | 9.8 (3.7, 16.0) |
| 2009 | 272 | 10 | 936 | 7 147 546 | 3.8 (0.0, 7.6) | 13.1 (6.0, 20.2) |
| 2010 | 341 | 15 | 1267 | 7 381 314 | 4.6 (0.4, 8.8) | 17.2 (9.0, 25.3) |
| 2011 | 384 | 26 | 1636 | 7 552 783 | 5.1 (0.7, 9.5) | 21.7 (12.5, 30.8) |
| 2012 | 463 | 28 | 2073 | 7 666 940 | 6.0 (1.2, 10.9) | 27.0 (16.8, 37.2) |
| 2013 | 522 | 16 | 2567 | 7 809 269 | 6.7 (1.6, 11.8) | 32.9 (21.6, 44.1) |

*Note.* CI = confidence interval; VHA = Veterans Health Administration.
[a]Per 100 000 patients.

We used posthoc segmented linear regressions to better understand trends in diagnosing.[17,18] Models with 2 time segments (before and after the directive) showed a significant increase in the trend. Further testing indicated a change point occurring in FY 2008 (fourth quarter), which coincides with changes in local VA policies in FY 2008, which were significantly higher than the rate of new diagnoses before FY 2008.

Transgender veterans themselves may have contributed to increased awareness of the directive among providers and other veterans. Anecdotal evidence from the National Center for Transgender Equality and similar groups suggested that the directive was quickly disseminated across national transgender health advocacy Web sites, e-mail lists, and personal e-mail. Soon after the directive was released, clinicians reported that veterans appeared at VA facilities with printed copies in hand, asking for newly covered transgender care (personal communications with numerous VA clinicians). A bottom-up push for services by veterans and top-down education efforts from VHA leaders likely worked synergistically to speed implementation of the new policy.[19,20] To ensure provider competence in meeting the treatment needs of this population, VHA has supported several national trainings for clinicians and consultation programs, and has instituted national coordinator positions to provide consistent guidance to the field.

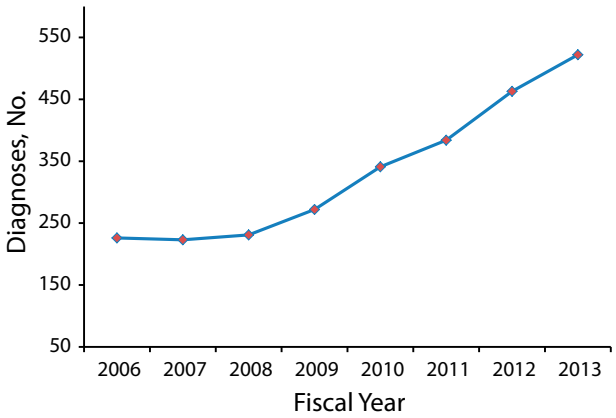


**FIGURE 1—Number of new Veterans Health Administration transgender diagnoses by fiscal year: United States, 2006–2013.**

Several limitations should be noted. As a diagnosis-defined population, this sample may include persons who do not self-identify as transgender and may exclude self-identified transgender individuals without *ICD-9* diagnoses. Although estimates are documented over time, we cannot definitively prove causality between any policies and increased diagnoses. As the data come from a closed clinical system that serves veterans, the results may not generalize to other settings. Finally, it is unclear if the increasing incidence in VHA is a product of better clinical diagnosis, increased willingness of patients to seek care, or an actual increase in GID.

Our results indicate that transgender veterans are increasingly seeking VHA care. The VHA has responded with a clear national policy and training to the field in providing high-quality care to transgender veterans. ■

## About the Authors

*Michael R. Kauth and Jan Lindsay are with VA South Central Mental Illness Research, Education, and Clinical Center, Michael E. DeBakey VA Medical Center, Houston, TX. Jillian C. Shipherd is with VA Boston Healthcare System, Boston, MA. John R. Blosnich is with the VA Pittsburgh Healthcare System, Center for Health Equity Research and Promotion, Pittsburgh, PA. George R. Brown and Kenneth T. Jones are with the Office of Health Equity, Department of Veterans Affairs, Washington, DC.*

*Correspondence should be sent to Michael R. Kauth, PhD, Michael E. DeBakey VA Medical Center, 2002 Holcombe Blvd, ATTN: 152 VA, Houston, TX 77030 (e-mail: michael.kauth@va.gov). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.*

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## Contributors

M. R. Kauth, J. C. Shipherd, J. Lindsay, J. R. Blosnich, and G. R. Brown contributed to the design of the study. J. Lindsay and K. T. Jones analyzed the data. All authors contributed to the writing of the article.

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## Human Participant Protection

This project was approved by the Baylor institutional review board and the Research and Development Committee of the Michael E. DeBakey VA Medical Center, Houston, TX.

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